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ABSTRACT

Principles of language assessment and instruction for Spanish speaking preschoolers at St. Mary's Hospital in Tucson, Arizona, are presented. Basic definitions and program model (which looks at the child's communication skills based purely on semantic content contained in spontaneous language samples) are explained. The program's theoretical bases include the assumption that socialization and cognition provide an initial basis for language emergence and continue to interact with language development. The speech and language assessment process examines cognitive precursors to language, receptive language, medical/developmental history, oral peripheral facility, and expressive language (involving analysis of 50 spontaneous utterances elicited during play). The intervention component involves instruction in new syntactic forms, training of parents and paraprofessionals, selection of the language in which therapy is provided, and the use of a scoring system to facilitate monitoring of progress. Six attachments (in Spanish) are used in the parent/paraprofessional training program. (DB)

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AN APPROACH TO SPEECH AND LANGUAGE INSTRUCTION FOR THE SPANISH-SPEAKING PRESCHOOLER

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M.S., C.C.C.

In Spring, 1978, St. Mary's Hospital in Tucson, Arizona, was asked to provide speech and language assessment and therapy for Spanish-speaking preschool children enrolled in Project Head Start. In addition, we received such referrals from other public agencies and local physicians. Fortunately, we were able to provide bilingual services and to evaluate the child's communication skills in the dominant language. However, we were confronted with a number of challenging issues in assessment and remediation which are peculiar to bilingual populations: These include:

1. The lack of locally standardized Spanish test instruments and criterion-referenced measures based on the target population.
2. The question of which language would best serve as a medium for intervention.
3. Philosophical/political issues ranging from insistence by school personnel and some parents that therapy be provided in English as "this is America", to equally firm insistence by other individuals that services be provided in Spanish in order to reinforce maintenance of the primary language.

Definition of Terms: Before discussing our approach to assessment and intervention, I would like to define several terms which will be used throughout this presentation. (Figure 1) "Content" refers to semantic concepts, that is, to meaning. We analyze and classify this according to Bloom and Lahey's (1978) semantic content categories. We use "form" as a general term incorporating syntax, morphology, grammar, and phonology, the structures which organize language content. The term "use" or pragmatics (Prutting, 1978) refers to the intentions intrinsic in our use of verbal and nonverbal behavior (Figure 2). Some examples of language use commonly

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observed in children's communicative behaviors include: vocal play, calling attention to oneself, controlling the behavior of others, commenting on events either in or outside of the immediate present and seeking information regarding identity and location of objects and persons. Adults and adolescents, of course, also use verbal communications for other purposes, such as indicating sexual attraction and telling jokes. In evaluating language use, we examine both verbal and nonverbal communication. While the basic functions of language remain the same cross-culturally, the rules one must apply to achieve these functions vary. For example, some cultures value verbal directness while others rely on indirect requests. Messages conveyed by nonverbal behavior, too, differ cross-culturally and can easily be misinterpreted by the examiner or teacher possessing only a superficial knowledge of the child's culture.

In looking at language content, we have chosen to utilize the model advanced by Bloom and Lahey (1978) which looks at the child's communication skills based purely on semantic content contained in spontaneous language samples. As Bloom has shown, children often use identical words to convey dissimilar messages, and recognition of this paradox is implicit in this semantically based model. While Bloom and Lahey identified 21 separate semantic content categories, we focus our attention on 12 of the most basic and earliest acquired. I have taken the liberty of translating these for use in working with Spanish-speaking paraprofessionals and parents. (Figure 3)

In looking at language form, we assume that, in accordance with Piagetian theory, children require a reservoir of already mastered expressive vocabulary items prior to experimenting with new forms. Morehead has (1979) repeatedly stressed that children apply new forms to old content and restrict the complexity of their syntactic and grammatical structures when dealing with new, unfamiliar content.

Theoretical Bases: The theoretical foundations for our approach to assessment and therapy include the assumption that socialization and cognition provide an initial basis for language emergence and then continue to interact with language development. (Figure 4) The role of socialization in language acquisition is a major one. Studies indicate the uniform presence among primates of strong pair bonding between the infant and earliest primary caretaker (Bowlby, 1969). Gradually, a role reversal takes place so that the infant must assume the more active role in maintaining the pair bond. This is followed by an increase in affiliations with other troop members. Initial pair bonding in humans, followed by normal socialization, appears to be a prerequisite to normal language acquisition. Perceived communication needs interact with acquisition of language processing skills. When these perceived needs are highly ideosynchratic, language use is often atypical as well.

As language cannot be separated from socialization, neither can it be isolated from cognition. Bruner (1975) has said, "The facts of language acquisition could not be as they are unless fundamental concepts about action and attention are available to children at the beginning of learning", developed in mutuality with a speaker of the language. For a child to appropriately use the word "shoe", he must first use cognitive strategies to discriminate "shoe" from other objects; next, retain an image of "shoe" when it is no longer present, and last, devise a strategy for expressing the relationship between the image he has stored and the object itself.

The success of the infant and his mother in achieving joint action in play leads the child to call attention to and comment on agent-action object relations.

After learning to attend jointly with his/her mother to common objects or events, the infant substitutes simple labels to establish joint reference. The mother then acts or comments on these foci, thus establishing the topic-comment structure. As the child continues to elaborate signaling in play, the mother's context-aided interpretations of the intended meaning give him feedback for his linguistic hypotheses.

Assessment: In our clinic, the speech and language evaluation includes:

1. Cognitive precursors to language including:

   a. Attention
   b. Object permanence
   c. Imitative skills (gross motor, fine motor, nonspeech, oral motor and imitation of speech).
   d. Knowledge of physical objects as seen in:
      (1) matching tasks at levels of object, object-picture and picture matching
      (2) appropriate use of objects at levels of (a) a single object, (b) 2 related objects, (3) more complex representational play.

2. Receptive language assessment: Includes task analysis approach through utilization of formal test instruments and informal testing using manipulatives. Clinical judgment with respect to cultural and linguistic appropriateness of testing materials is essential. The examiner must feel free to alter regional vocabulary when appropriate. This presupposes a task analysis as opposed to a score-bound approach to testing.

3. A comprehensive medical/developmental history provided by one or both parents, including the parents' perceptions of the child's social and communicative behavior.

4. An oral peripheral examination including both nonspeech and speech alternating motor rate tasks.

5. Expressive language assessment: This most important component of the evaluation consists of the spontaneous language sample of 50 utterances elicited during play with manipulatives. Sometimes as many as 200 utterances are elicited over several sessions. This language sampling procedure includes an observation of parent and child or of the child with sibling or age peer.

During elicitation of the first 25 utterances, the examiner models sampling techniques while parents observe through the one-way mirror unknown to the

child. Subsequently, and following additional specific instructions, the examiner and parent trade places and the latter elicits the remainder of the sample. It has been our clinical experience that this facilitates collection of a more representative corpus than could be obtained were the parent not then included.

In analyzing the language sample, we look at form, content and use. All semantic content categories represented in the sample are noted along with frequency of occurrence and variety of content within a given category. Morphosyntactic forms, which, of course, are peculiar to the language being spoken, are also listed. Lastly, language use is analyzed. This process takes into account verbal and nonverbal communicative behavior both during sampling and in the context of other interactions with the examiner.

Intervention: The purpose of assessment, of course, is to plan intervention. Thus, certain semantic content categories are targeted for introduction and expansion. (Figure 5) Introduction of new syntactic forms is accomplished through traditional modeling and expanding, and also through elicited imitation of those target forms for which the child appears developmentally prepared. When this is done once again, new forms are superimposed on old content (Figure 6). Auditory comprehension of new semantic content is established prior to requiring imitation in an attempt to teach use. A simple 4-stage sequence (Figure 7) has been presented to non-language clinicians and to parents as a framework for teaching new vocabulary. In addition, parents and paraprofessionals are trained in presentation of other tasks addressing target areas, including cognitive precusors, auditory memory for extended instructions and teaching of forms such as gender and person reflections.

Selection of the language in which therapy is provided is based in part on the linguistic code to which the child is most often exposed in the home, and, in part, on the results of spontaneous language sampling. A child whose utterances are all in Spanish with perhaps occasional interjection of English nouns, and whose primary caretaker uses Spanish more than English, receives therapy in Spanish. In more ambiguous linguistic environments in which parents may code-switch and older siblings may speak only English, the choice becomes more difficult. In such cases, the language sample becomes even more important. In some language-disordered children, use of the earlier-acquired code persists much longer than it would for normal age peers exposed to two languages. In such cases, it has been our clinical experience that intervention in Spanish is more effective than work in English. When the child becomes ready to master a second language, it is usually obvious. English verbs and nonstereotypic verb phrases begin to appear in his spontaneous speech at an increasing rate. It is at this point that we begin to switch his therapy into English, using a developmental approach parallel to that which would be used in Spanish. We may, however, continue to work on some specific skill areas, such as auditory memory for extended instructions in Spanish, as it is more difficult at first for the child to decode and retain such instructions in his second language.

Paraprofessionals have been successfully trained to use Base-10 scoring (Figure 6) in order to facilitate monitoring of progress and modification of language programs as appropriate. The most important sources for language learning, however, are the home and the preschool classroom. Teachers can work on the concept of recurrence and nonexistence asking "Mas?" at mealtime. Parents can work on cognitive prerequisites by sorting, or can facilitate acquisition of new form, content and use by modeling and expanding the child's utterances and by narrating their own daily activities. In our experience, many parents with essentially no formal

education and limited literacy have been highly motivated to provide language stimulation in the home. The key to such support appears to be recognizing the parent's conflicting responsibilities, fatigue factors and time availability, then requesting a type and level of participation which she/he feels comfortable in providing, rather than making highly unrealistic demands which almost inevitably result in an undeserved experience of failure and guilt.

Ever so often, highly structured language developmental programs intended for home use are placed on the market. When parents request such material and have the time, energy and inclination to follow through with prepared lessons, I believe they can be valuable. However, judgment of the parent based on implementation of such programs concerns me. Almost every day, I meet capable people who happen to be the parents of language-delayed or language-disordered children. Last week, one such woman brought her hearing-impaired, dysarthric son to our clinic for the first time. She said, "When he was a baby, there was very little milk or food and we had no place to live. Not long ago, I got a better job. Now we have our own place and he gets three meals a day. The other children tease him because he can't speak well. Is there anything I can do to help?" Here was a truly concerned parent who had correctly assessed the relative importance of food, shelter and speech/language therapy and had sought help for her youngster as soon as realistically practicable. She continues to work long hours for low pay. Any home program must acknowledge both her commitment to helping her child and the limitations imposed by time and fatigue factors.

All parents of children participating in our program receive detailed information regarding their youngster's skills and target areas for intervention. They are asked to observe therapy sessions whenever possible. All receive instruction in model-

ing and expansion techniques and are asked to narrate their daily activities. In most cases, one or two specific objectives are discussed at the beginning of therapy, with additional goals introduced as these first ones are met. Only when requested by parents are highly structured language and/or articulation sessions assigned for home implementation placed on provision of language stimulation in the context of daily activities. We assume that natural language learning is based on mass generalized experience obtained in the home and preschool settings. We seek to increase the appropriateness of this experience in relation to the child's developmental level. Brief therapy sessions, even on a daily basis, are only a means of underlining for the child those features of language most likely to facilitate his/her mastery of linguistic rules so that he may more easily attend to those features in other settings where most learning occurs.

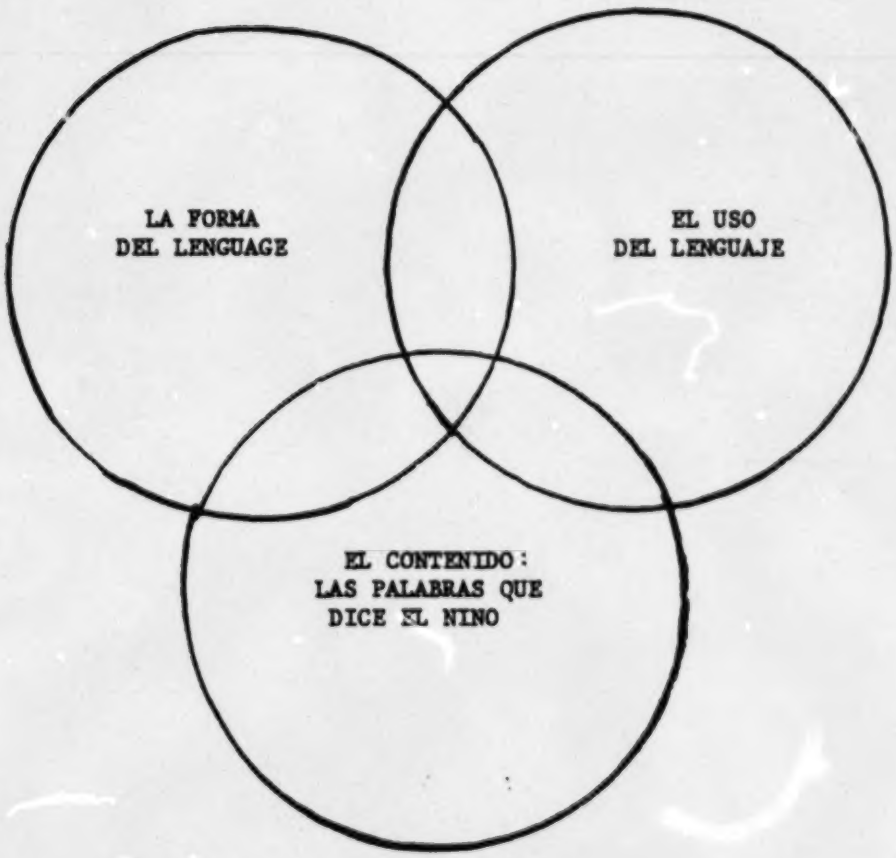
Attachments:

Figures 1 - 6

FIGURE 1

I. EL CONTENIDO

El significado del sistema (o las semánticas) de lenguaje. El contenido es representado por las categorias que llevan los mensajes.



II. LA FORMA

La fonología, la morfología, la sintaxis, y la gramática. El sistema de ordenar los sonidos y los elemantos semánticos de un sistema de lenguaje. Su base en el desarrollo de lenguaje es la habilidad para juntar dos palabras en una declaracion.

FIGURE 2

III. USO

El uso del lenguage tiene que ver con sus metas sociales. En los E.E.U.U.. se usa el termino "pragmáticas" para nombrar esta función. Consiste en la influencia de los eventos lingüísticos y no-lingüísticos sobre lo que dicen las personas.

Algunos ejemplos del uso (o función) del lenguaje por los niños chiquitos con:

1. El juego vocal
2. El llamar atención a si mismo
3. El pedir objetos
4. El comentar sobre sus propias actividadas o las de otras personas
5. El obtener información
6. El anadir información
7. El preguntar
8. El regular el comportamiento de otras personas

Algunos ejemplos específicos del uso del lenguaje en los adultos son:

1. El hacer preguntas indirectas
2. El alabar a otra persona
3. El evadir la necesidad de compartir información con otra persona
4. El indicar atracción sexual

El desarrollo del lenguaje depende de un proceso continuo de integración de su forma, su contenido, y su uso. Aun antes de iniciar la enseñanza de palabras, se comienza la terapia primaro con la enseñanza de los requisitos previos, luego con la del contenido y del uso, y últimamente con la enseñanza de la forma del lenguaje.

FIGURE 3

12 CATEGORIAS SEMANTICAS

1. Existencia es el concepto que los objetos existen y tienen nombre. Esta categoría incluye los sustantivos y otras palabras que sirven para nombrar objetos cuyos nombres el niño no conoce.
2. Ausencia es el concepto que define el proceso en el cual los objetos, las personas, y los eventos pueden desaparecer sin dejar de existir (ya, no más).
3. Repetición es el concepto en que los objetos, las persona y los eventos pueden reaparecer o repetirse de nuevo (otro, más).
4. Rechazo es el concepto del no querer o rehusar algo.
5. Negación es el concepto de negar la existencia de un objeto o una acción.
6. Atribución es el concepto el cual comprende la identificación de las personas y los objetos según sus características (los adjetivos).
7. Posesión es el concepto de que algunos objetos pertenecen a ciertas personas. Incluye el uso del nombre del dueno, y de los pronombres mi, mío, suyo, etc.
8. Acción es el concepto que expresa la mobilidad de los objetos y las personas (verbos).
9. Accion locativa expresa el concepto de la destinación de cierto movimiento. Incluye algunos verbos (ejem. ir, empujar, jalar, salir) y las preposiciones que se refieren a los movimientos.
10. Estado locativo expresa el concepto del lugar o al posición del objeto o de la persona (una vez) que no esté cambiandose de un lugar a otro.
11. Estado Interno expresa el concepto del estado interno (deseos, necesidades, emociones) del indivíduo. Incluye ciertos verbos (querer, necesitar, ayudar, gozar, etc.)
12. Atención es el concepto del prestar atención a una persona, un objeto, o un evento (ejem. ¡Mira! ¡Oye! etc.)

FIGURE 4

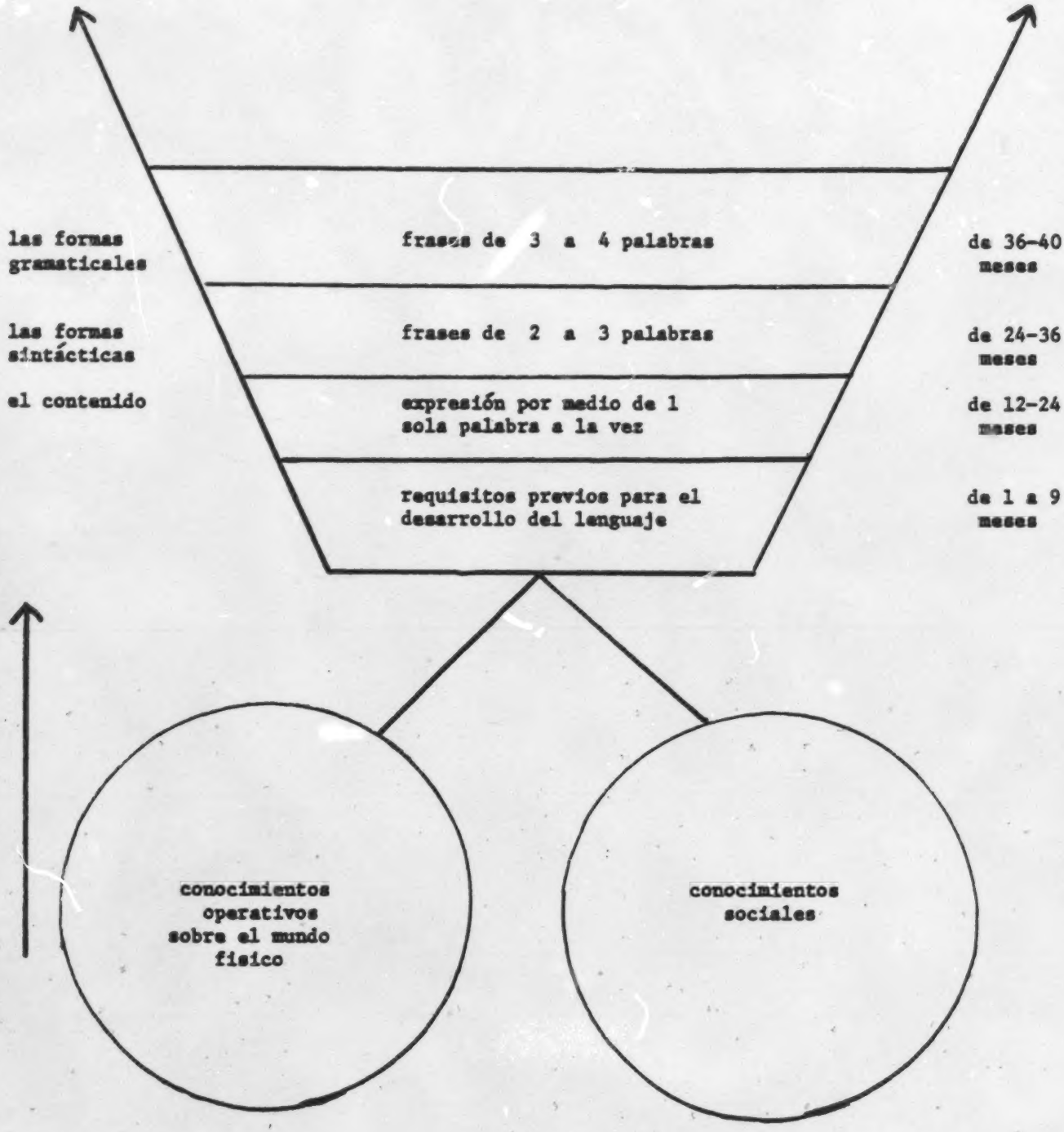

las formas gramaticales
las formas sintácticas
el contenido
frases de 3 a 4 palabras
frases de 2 a 3 palabras
expresión por medio de 1 sola palabra a la vez
requisitos previos para el desarrollo del lenguaje
de 36-40 meses
de 24-36 meses
de 12-24 meses
de 1 a 9 meses
conocimientos operativos sobre el mundo físico
conocimientos sociales

FIGURE 6

Unos ejemplos de la elaboración del contenido al principio del desarrollo de la sintaxis:

Categoría Semántica	Nivel de 1 palabra	Nivel de 2 palabras	Nivel de 3-4 palabras
Existencia:	carro	carro rojo	el carro rojo
Ausencia:	Ya	Ya no	Ya no hay
Rechazo:	No	No quiero	No quiero acostarme
Repetición:	Otro Más	Otra vez Más papas	Empujame otra vez Quiere más papas
Negación:	No No	No fue No llueve	No se fue No está lloviendo
Atención:	Mira!	¡Mira Mama!	¡Mira chicle, Mama!
Acción:	Comiendo Llora	Está comiendo Nino llora	Pepe está comiendo El nino llora
Accion locativa:	Cayó Fué	Se cayó Se fué	Se cayó el vaso Se fué pa'fuera
Estado locativo:	Arriba Abajo	Arriba mesa Está abajo	Arriba de la mesa Está pa'abajo
Posesión:	Mí Adrian	Es mío Adrian bombitas	El troque es mío Son de Adrian
Atributo:	Grande	Arbol grande	Un arbol grande
Estado Interno:	Dame	Dame paleta	Dame una paleta

FIGURE 7

COMO ENSENARLE AL NINO UNA PALABRA NUEVA:

Hay 4 etapas importantes:

Nivel Receptivo:

1. Demostrarle el significado mientras Ud. le nombra la palabra.

Maestra: "El perro come. Come, perro."

2. Darle instrucciones que incluyen la palabra nueva para ver si el de verdad entiende su significado.

Maestra: "Come,perro." (Pidiendole al niño que él lo manipule.)

Nivel Expresivo:

3. Pedirle que repita la palabra.

Maestra: "Haz comer al perro. Dile "Come".

(cuando el niño repite la palabra, la maestra inmediatamente manipula el juguete apropiadamente, reforzando al niño por repetir la palabra)

4. Pedirle que use la palabra sin modelo en un situacion apropiada.

Maestra: ¿Qué hace el perro?"

Nino: "Come."

BIBLIOGRAPHY

1. Bloom, Lois and Lakey, Margaret. Language Development and Language Disorders, John Wiley and Sons, N.Y. (1978)
Bruner, J.S., The Ortogenis of Speech Acts. J. Child Language, 2-1-19 (1975)

2. Morehead, Donald and Morehead, Ann. Normal and Deficient Child Language, University Park Press, (1976)

3. Piaget, J. 1926. The Language and Thought of the Child. Harcourt Brace (1927)

4. Piaget, J. The Origins of Intelligence in Children. Humanities, N.Y. (1952)

5. Prutting, Carol. "Process: The action of moving forward progressively from one point to another on the way to completion", Speech and Hearing Disorders XLIV 3-30 (1979)

6. Troke, Rudolph C. "Research evidence for the effectiveness of bilingual education", National Clearing House for Bilingual Education (1978)